



Public Service Commission Tax

69-1-402, MCA

MONTANA

PSCT

Rev. 4-04

Statement of Gross Operating Revenue Within Montana and Tax Due

Quarter ending _____/_____/_____

Federal ID # _____

Name and address
of regulated company

Please check the appropriate box for the broad general category of regulated service provided:

- | | |
|--|---|
| <input type="checkbox"/> Natural Gas Supplier | <input type="checkbox"/> Railroad |
| <input type="checkbox"/> Water System | <input type="checkbox"/> Electricity Supplier |
| <input type="checkbox"/> Telephone & Telegraph | <input type="checkbox"/> Pipeline |
| <input type="checkbox"/> Other (Specify) _____ | <input type="checkbox"/> Sewer System |

Is service generally provided statewide? ☐ Yes ☐ No

If not provided statewide, indicate particular area for which service is provided: _____

1. Gross operating revenue generated by all regulated activities within Montana for this calendar quarter..... \$ _____
2. Gross revenues from sales to other regulated companies for resale..... \$(_____)
3. Total - Subtract line 2 from line 1..... \$ _____
4. Tax due (line 3 times tax rate of _____) \$ _____
5. 10% penalty due (10% of line 4)..... \$ _____
6. Interest due (1% per month)..... \$ _____
7. Total amount due (sum of lines 4, 5, 6)..... \$ _____

Revenue Account Code 512111

Remittance for tax due must accompany this report.

Date

Signature of Preparer

Print Name

Phone - Ext.

Prepare statement in duplicate. Retain duplicate in company files for audit purposes. Statement and remittance for any tax due must be **received** on or before the 30th day following the end of each calendar quarter. If you have any questions, please contact our Customer Service Center at:

Montana Department of Revenue
P.O. Box 5835
Helena, MT 59604-5835
(406) 444-6900